MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 1 11 1 55 0 0 4 9 APPLICANTED (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AS FILED. AFTER I"AMENDMENT 2 MAMENDMENT .I"AMENDMENT 3 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 23 24. 5· 9.7 TOTAL IND. T TOTALIXD TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS CLADUS U.S. DEPARTMENT of COMMERCE PTO - 1360 (REV. 11/04)

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